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CONFIRMATION NO. 6702

SERIAL NUMBER 10/508,447	FILING OR 371(c) DATE 05/16/2005 RULE	CLASS 600	GROUP ART UNIT 3736	ATTORNEY DOCKET NO. 12886-5
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APPLICANTS
Vincent Ardizzone, South Setauket, NY;

**** CONTINUING DATA *******
This application is a 371 of PCT/US03/04546 02/12/2003

**** FOREIGN APPLICATIONS *******

**** SMALL ENTITY ****

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature _____ Initials _____	STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 3
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ADDRESS
30120

TITLE
Magneto-cymatic therapeutic oscillating wand

FILING FEE RECEIVED 460	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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